Journey to Safety

Information and Communication Technologies (ICT) for Reducing HIV and other Vulnerabilities of Migrants, their Families and Communities

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Background

The large-scale economic migration from Orissa to Gujarat is triggered by both pull and push factors. The single-cropping pattern in most rural economies in Orissa, small land-holdings, poor irrigation facilities, restricted industrial infrastructure and a history of migration outside the state for generations – especially true in districts such as Ganjam and Nayagarh – have all played their part.

The principal pull factor is obviously the availability of jobs in a more industrially developed state. The textile, shipwrecking and, to some extent, diamond cutting industries in Gujarat are hugely dependent on migrant labour. Migrant workers from Orissa are known to undertake some of the most hazardous jobs; hence there is a huge demand for them in Gujarat's big business cities such as Surat.

For the source communities too, migration has proved rewarding. It has contributed substantially to the economy of districts like Ganjam, and the benefits are seen both at macro and micro-economic levels. Communities with high volumes of economic migration are invariably better off economically and socially than similar non-migrant communities.

However, migrants are often unaware of whether they have been exposed to HIV and the potential-risk this may pose to their spouses and children. The spouses of migrants who are left behind also find themselves in vulnerable situations. They are at risk of sexual exploitation, particularly when debts have been incurred to pay for the cost of migration. Women who choose to migrate are also vulnerable to sexual exploitation. The lack of substantial involvement of migrant returnees, spouses of migrants as well as migrant source communities in HIV prevention responses adds to the vulnerability of the community.

The UNDP-facilitated Information and Communication Technologies (ICT) project is a source-destination intervention for Orissa-Gujarat migration. In Orissa, ICT-cum-activity centres have been set up in Ganjam and Nayagarh districts, both of which contribute substantial numbers of migrants to Gujarat.

Oriya Migrants' Profile

Studies suggest that unprepared and uninformed mobility heighten migrant workers' vulnerability to HIV. The vulnerability continues from source areas through transit to arrival in destination communities. Migrants are considered as outsiders and encounter hostility from local populations. Lack of resources often forces them to live in overcrowded slums with no proper living conditions. Additionally, they face hazardous working conditions and unsteady incomes. Loneliness, despair, reduced social control and normal sexual needs, combined with little or no knowledge of safe sex and sexual health, make them susceptible to HIV and other STIs (sexually transmitted infections).

A snapshot of the migrant's host society would be illustrative of his or her opportunities and challenges. A city of four million people, Surat, the bustling urban sprawl in south Gujarat, represents at once India's economic hopes and urban anxieties – it is estimated that 80 per cent of those living in Surat are migrants or descendents of migrants. About 500,000 to 700,000 are workers from Orissa, who have come in search of seasonal – or perennial – employment and economic sustenance. Surat has two major industries – textiles and diamonds. The humble Oriya worker is at the base of both these gigantic enterprises, doing the hard, unglamorous work and living a very tough life.

The target population groups for this ICT-based intervention comprised essentially migrant labourers, and women and other members of the migrants' families. Since women members of migrant groups would be difficult to single out, women's self-help groups (WSHGs) were chosen. For the broader developmental aspects of the project – strictly speaking, ones going beyond HIV vulnerability – the target group included farmers, educated and unemployed youth, school children, WHSGs.

Among the issues identified for the core (migrant) target group – most of whom get employment as casual labourers and so do not get the benefits of contract labour – were low awareness of migrant and labour laws, limited access to reliable sources of information on migrant issues and lack of proper accommodation and other facilities at destination locales. A constricted understanding of the local language also reduced

Alone in a crowded city

Two days after it opened on December 7, 2006, Raju Mohanty (*name changed on request*) walked into the ICT centre in Surat's Udhna-Khatodara Urban Health Centre. He was an Oriya migrant, he explained, almost diffidently, who had come to Surat as a textile worker. A few months ago, he had tested positive for HIV. Shattered by the news, his wife had committed suicide, leaving him alone and forlorn in a strange city, with nobody to share his fears and anxieties. He had heard that the centre had been set up to help Oriya migrants. Could the volunteers please put him in touch with friends who'd understand him, not be judgmental?

Ritesh M. Patel, outreach worker for the Gujarat State Network of Positive People (GSNP+), UNDP's partner NGO for the Udhna ICT centre, remembers the day: "He looked distraught. We took him to a support group for HIV positive people in Surat, with whom he opened out and felt much better. He has now come to terms with his status."

Surat's little Orissas

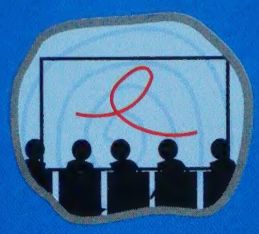
Thirty-thousand Oriyas live in the Siddharth Nagar slum in the heart of Surat. It is not for nothing that the locals laughingly call it "mini-Orissa". As you enter the slum – a massive area, with a labyrinthine matrix of 16 lanes – an OSACS anti-HIV poster in the Oriya language stares at you from a wall. Oriya songs can be heard. STD booth with calling codes for Orissa districts can be seen. Oriya food, with its trademark mix of fish, spices and mustard oil, can be smelt.

Yet Siddharth Nagar is no nostalgia paradise for the Oriya migrant and his family. Garbage is strewn around, and the drains stink. "Sanitation is a problem," says a local resident, with admirable understatement, "the gutter water of neighbouring localities sometimes inundates Siddharth Nagar." With a combination of families and individual/ bachelor migrants – some of whom sleep 15-20 to a room, eating in an Oriya "mess" that charges a flat rate every month for two meals that taste like home – Siddharth Nagar could certainly do with targeted health and hygiene interventions. This is the gulf that the Pandesara ICT hopes to help bridge.

The Fulpada UHC is by the banks of the Tapti river, and right opposite the slums of Ashok Nagar and Rajiv Nagar. These two slums run parallel to a railway line, on the other side of which lies Utkal Nagar. Together they house about 25,000 Orissa migrants, a significant number from Ganjam. "Unlike Siddharth Nagar," says Yatriben, outreach worker with the Lok Drashti Charitable Trust, the partner NGO managing the Fulpada ICT centre, "where there are many families, 90 per cent of those living in Rajiv Nagar or Ashok Nagar are single men from Orissa."

The problem here is more acute. "Ten per cent of the population in Ashok Nagar has STIs," says Yatriben, pointing to the wall graffiti and Oriya posters that have been used to sensitise residents to STIs and to HIV. Says Satyabal Mandal, a textile worker living in Rajiv Nagar – he is a migrant from Ganjam – of the Lok Drashti Trust's field workers: "They are here every day, urging us to visit the ICT centre." Mandal went to the Fulpada ICT centre himself, and was referred to the UHC counsellor as a suspected STI carrier.

Living conditions in Ashok Nagar and Rajiv Nagar are fairly depressing. Garbage and flies, little sanitation and low hygienic conditions – this is a difficult neighbourhood. The same sights and smells that one encountered in Siddharth Nagar – STD booths with Orissa district codes displayed, Oriya sweet shops, Oriya kitchens cooking for single migrants – are apparent but so is the underbelly of urban life. In the middle of the day, the slum seems strangely quiet. Armies of tired-looking men can be found sleeping, packed into a small room – there are on night shift this week and their compatriots are away at work, on day duty in the humming textile mills.



"You should come here around 3.30 or 4.00 pm," says the owner of a mess/kitchen, "that's when they'll get up and get ready for work. The lanes will be crowded with people running here and there. And the only language you'll hear will be Oriya." As Satyaranjan Swain, outreach worker of the Lok Drashti Charitable Trust, says, "The Fulpada ICT centre has become a sort of recreation centre for Oriyas from Ashok Nagar. Every evening a small group gathers here to chat, sit around or just think of home." Some of them have already proposed using the ICT centre to show Oriya films, with messages and presentations on HIV in between.

ability to access quality health services. As a result quacks, rather than free or cheap government medical facilities, were resorted to, leading to unnecessary expense and no alleviation of health problems. For the families of migrants, it was important to bridge the information gap in terms of development and self-help schemes available through the government and other providers.

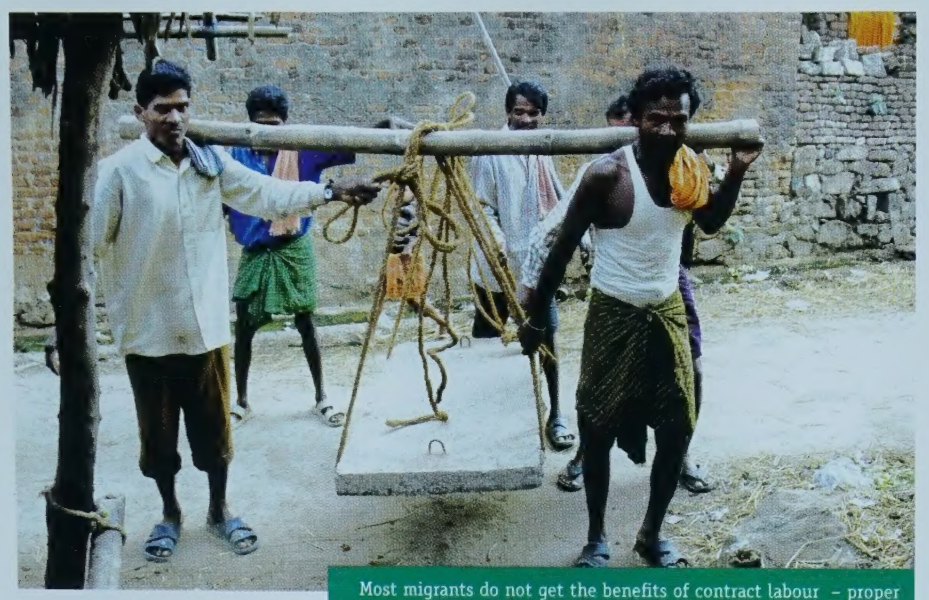
Oriya migrants in Surat are primarily from the districts of Ganjam, Kendrapada and Nayagarh. The behavioural pattern of migrants was determined from a DFID-supported study of outmigrants from Ganjam to Gujarat. Many of the migrants are bachelors or

Busting a migration racket

Near Jagadev Patana ICT cum activity centre, Dasapalla block, Nayagarh, 12 young men, aged between 18 and 20, from the village of Hridabadi, Krishnachandrapurupatana, under Jagadev Patana gram panchayat, sought to migrate, lured by the promise of jobs as labourers. Rankanath Mohapatra, a contractor from Parikud, Puri district, had offered them employment, promising the parents of the youth that their sons would be well looked after, paid the legal wage and that their families would be remitted a sum every month. An advance of Rs 100 was paid and the young men left. They were supposed to be taken to nearby Andhra Pradesh but were, instead, spirited away to Gujarat.

The young men left on April 18, 2006, and simply disappeared. They were not allowed to contact their families, and the contractor didn't stay in touch with their parents, as he had promised to. The parents got to know of the ICT centre and that it helped with migrant issues. They approached the management committee and, through it, went to the district collector. The collector asked the labour office to investigate and take remedial action. With the help of the ICT centre staff, the labour office made contact with the contractor and the young men, rescuing and bringing them home on July 9, 2006.

live single lives in the city, having left their families behind. Their daily schedules are often strictly monotonous, a long, 12-hour shift – alternating between day shift and night shift – and much of the remaining period spent sleeping in a room sometimes packed with anything between 30 and 40 workers. There is "simply no time" – to borrow a migrant worker's expression – to live a normal life with the regular interactions that it entails, no allowance for socialisation or "settling in" in Surat.



Most migrants do not get the benefits of contract labour – proper accommodation and other facilities – at destination locales

Not surprisingly, the migrants practising unsafe sex due to low health awareness are vulnerable to HIV. In some cases, they also resort to MSM activity without any previous history of it. In many instances language remains a barrier, as limited interaction with the city outside the workplace and the Oriya-speaking residential neighbourhood reduces the need to learn Hindi or Gujarati. "There are cases of workers who have been here for five years," says one NGO counsellor, "but still don't know Hindi."

Objectives

The principal objectives of the project – "ICT for Reducing HIV and other Vulnerabilities of Migrants, their Families and Communities", to give its formal name – were to enable safe and informed migration by providing access to and promoting use of relevant information and services, including resources on HIV/AIDS. A Migrant Information Package (MIP) would also be a part of the services.

The principal objective of the ICT project was to promote use of relevant information and services by migrants, including resources on HIV/AIDS

The project would also serve to empower women economically, socially and culturally by promoting social and economic participation with the help of ICT. The ICT centres would provide information on livelihood options like mushroom and vegetable cultivation, processing pulses and milk production to women and farmers and encourage them to become self-sufficient. In a sense, the project would address the economic desperation at the root of migration.

It was envisaged the project would provide and maintain effective information and cost-effective communication linkages between source and destination among the migrants and their families/home communities, the NGOs concerned and the relevant government departments.

Computer and functional legal literacy were ancillary goals. The project plan was to introduce the community, particularly students, to the advantages of the Internet. Another aim was to provide information on labour laws – of immediate use to migrants – as well as laws related to domestic violence or sexual abuse. These could be of immense benefit to women members of the community, and help them seek their rights from their families and employers, and the community in the widest sense.

A double life

Druba Gouda has a double identity. For six months, he is a farmer and vegetable vendor in Kharia village, Aska block, Ganjam. For the rest of the year, he is a textile worker in Surat. He has maintained this schedule for 14 years now, earning Rs 200 a day in Surat, four times what he makes as a farmer back home. In Surat, Gouda works 12 hours a day, six days a week. Living conditions are bad but Gouda doesn't really care; he spends the bulk of his day at the factory. When he falls ill, he simply goes to a pharmacy and buys medicines the shop-keeper recommends – he has no time for a doctor and doesn't even know one in Surat.

On coming back to Kharia in the monsoon of 2006, Gouda attended training programmes at the local ICT centre, going to one on HIV and another on vegetable cultivation. This was his first introduction to HIV and, using the visual medium, the volunteer explained to him the risks and the precautions called for. He brought home condoms and returned to the centre twice to get more. Once back in Surat, he called the phone at the Kharia ICT centre to speak to his wife and mother. He also asked the kiosk volunteer to give him the addresses of the ICT kiosks in Surat.

Strategy

Supporting the efforts of the Orissa and Gujarat AIDS Control Societies (respectively, OSACS and GSACS), UNDP helped devise an overall strategy to achieve the targets set for the ICT centres. The targets can be enumerated thus:

1. Create and facilitate ICT centres at strategic locations in the source and destination states to reduce the HIV-vulnerability of Oriya migrants and their families by providing information and services, and helping them improve livelihood options and make informed choices. This would enhance social cohesion and help empower women. The Migrant Information Package (MIP) was also to be disseminated through the ICT centres.

2. Run the ICT kiosks as activity centres and promote traditional revenue generation activities. Harness the potential of ICT and the Internet to find new markets for rural produce.

3. Ensure ownership and management of the centres by local CBOs/SHGs; encourage women leadership by facilitating the development of these centres as gender-sensitive, life skills and livelihoods-oriented information, communication, training and activity hubs.

4. Facilitate effective linkages between the "ownership" groups of the centres and the government departments at the local, district and state levels, NGOs, development organisations/institutions, financial institutions, insurance corporations and cooperative marketing organisations/structures.

5. Facilitate effective linkages for information, content and database sharing, updating and management between the "ownership" groups of the centres and the government departments at the local, district and state levels and all other stakeholders through appropriate networked or non-networked portals, databases and other essential resources.

6. Ensure that the information content of the centres would be broad-based and in the local language. The HIV/AIDS information would be built-in as part of the wider development information, so as to not draw specific attention to it and reduce taboo.

7. Ensure continued and regular visits by the migrants to the ICT centres at the source and destination locales by making them accessible and utilitarian, providing a bouquet of attractive and up to date information and value-added services.

Process of Site Selection

How were the districts and, within the districts, the blocks and gram panchayats (GPs) that became locations of the ICT centres, selected? DFID-ORG MARG had done a mapping of high risk groups (for HIV) in 2004, identifying Ganjam as the district with the maximum number of out migrants (both overall and to Gujarat). Nayagarh was identified as the district with the highest density of outmigration. Further, Ganjam is a high HIV prevalence district, and Nayagarh is bordered by Ganjam, Khurda and Cuttack districts, all of which are among the top five high prevalence districts of Orissa with regard to HIV. The choice of districts, it must be stressed, was made in consultation with OSACS.

Within the district of Ganjam, the selection of blocks and GPs was based on a survey of sarpanches and GP secretaries. Block sites were selected based on the DFID-ORG survey data. As there was no reliable source of data at the panchayat level, a survey was done bringing in all the sarpanches and GP secretaries to map high migration GPs. The data from sarpanches was validated with OSACS mapping data, as well as with migrant databases maintained by anganwadi workers (AWWs) at the field level.

Next, sites where there was high concentration of migration were selected after finding corroborative data. Three or four options were identified for each GP, followed by, roughly, half a dozen visits by the UNDP ICT facilitator. The aim was to find as exact a fit as possible to be the pre-decided site selection criteria.

An example would help here. In Digapahandi block, Nimakhandipentha GP was eventually selected as the location for the ICT centre. Before this, an alternative site almost made it. It met all the criteria but was rejected at the last minute as the site was a meeting place for some men who used it every afternoon to drink alcohol. Given this backdrop, it was felt that the site would be difficult to access for women, and was rejected.

Apart from the physical parameters, deciding on a specific site also meant making an assessment of what may be termed the "soft infrastructure". This included judging community enthusiasm for what was, after all, an innovative intervention. The presence of a committed NGO/CBO was another important factor.

Of the 17 ICT centres in Ganjam, 14 are funded by UNDP and three jointly funded by UNDP and NASSCOM. Of the 14 UNDP-funded centres, seven are in the Integrated Child Development Services (ICDS) buildings at the block level and seven at the gram panchayat level.

In Nayagarh, the selection of the eight centres was based on suggestions by top officials of the district administration and by NGO representatives. The collector of Nayagarh identified and involved the Nayagarh Action Group (NAG)

ICT Centre at Ganla

from a fairly early stage. NAG is a federation of NGOs working in the district, and has had a long involvement with HIV and women's trafficking. From empirical evidence, it had independently arrived at the conclusion that migration was a key factor in increased incidence of HIV. As such, when the district collector approached NAG, it immediately agreed to be part of the project. It further identified five NGOs to work on the field.

Among the eight blocks in Nayagarh district, five were selected. In each of the five blocks, a village in a gram panchayat was short-listed, taking into account locational advantages like distance from the block headquarters; distance from the local college and Community Health Centre; bordering the other gram panchayats in a respective block; large number of prospective users; proximity to the site of community fairs and festivals.

Specific selection criteria were used to determine the actual site of the centre. These included high migration; adequate power situation; existence of infrastructural facilities like telephone and Internet connectivity; availability of space; literacy levels of the community; presence of self-help groups (SHGs). Other things remaining equal, sites at a greater distance from an Internet café were given preference.

In Gujarat, selection of sites for the ICT centres was done in collaboration with GSACS, its Project Support Unit, and the Project Coordination Office (PCO) in Surat. The PCO is a quasi-independent agency set up under the Surat Municipal Cooperation (SMC) to intervene effectively in public health issues related to STIs and HIV. The main criterion for selection was the presence of large conglomerates of Oriya migrants. In May 2006, the municipal authorities agreed to provide space for ICT centres in four identified locations.

Monitoring the centres

Management committees were set up for each ICT centre to ensure smooth functioning. In Ganjam and Nayagarh, each committee consisted of the sarpanch as the president; the secretary/president of the nodal NGO/CBO as the secretary; a nominee of the nodal NGO/CBO as the centre manager; two-three members from SHGs actively involved in enterprise development activities in the same gram panchayat; a UNDP representative; a community representative like a teacher, migrant or advocate; a community volunteer; and a media representative.

Each management committee has a separate bank account. The selection of volunteers is done by and the recurring expenditure is borne by the committee. The nodal persons are the BDO and CDPO in Ganjam and the BDO in Nayagarh.

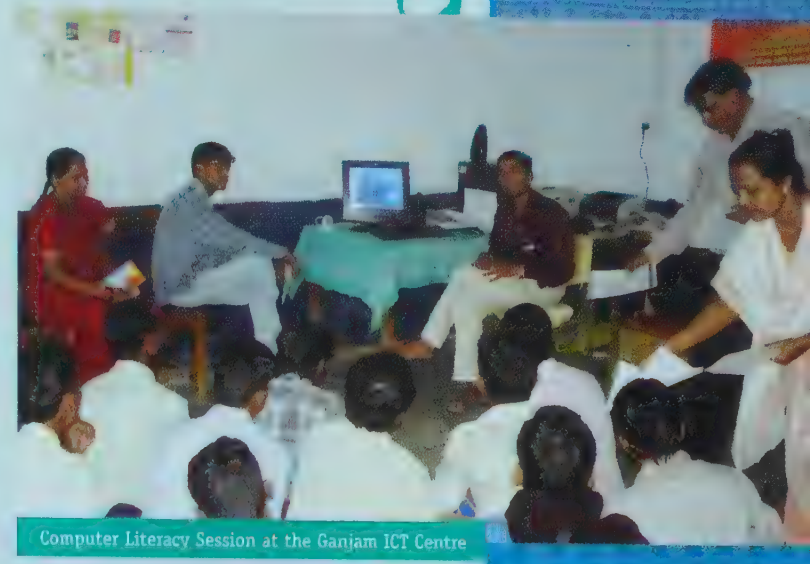
MIP

The Migration Information Package (MIP) contains information on HIV/AIDS and general health; livelihood options like vegetable and mushroom cultivation, goat rearing, dairy farming and so on; banking and micro-finance; legal issues; travel details to migrant destination places; government schemes for women and children, like Annapurna Antyodaya Yojana; scholarships for SC and ST students; Janani Surkhya Yojana and various farming techniques like water and land management for farmers and links to agricultural services.

MIP is available at all ICT centres. It is useful in drawing the community to the centre and in conveying a utilitarian purpose. The package incorporates inputs from various stakeholders, including OSACS, INP+ representatives in Orissa and NGO partners.

Implementation

In Orissa, UNDP equipped the centres with a computer, printer, scanner, webcam, UPS and voltage stabilisers. Infrastructure in the form of office space, chairs, tables and electricity connections were provided by the gram panchayat administration or the NGO (in Orissa) or by the municipal authorities (in Gujarat). The ICT mission was helped by the fact that the state and district-level stakeholders – OSACS, GSACS, the Nayagarh and Ganjam district administrations and the Surat municipal officials – were able to easily grasp the goals of the project and, to that end, take a high degree of ownership.



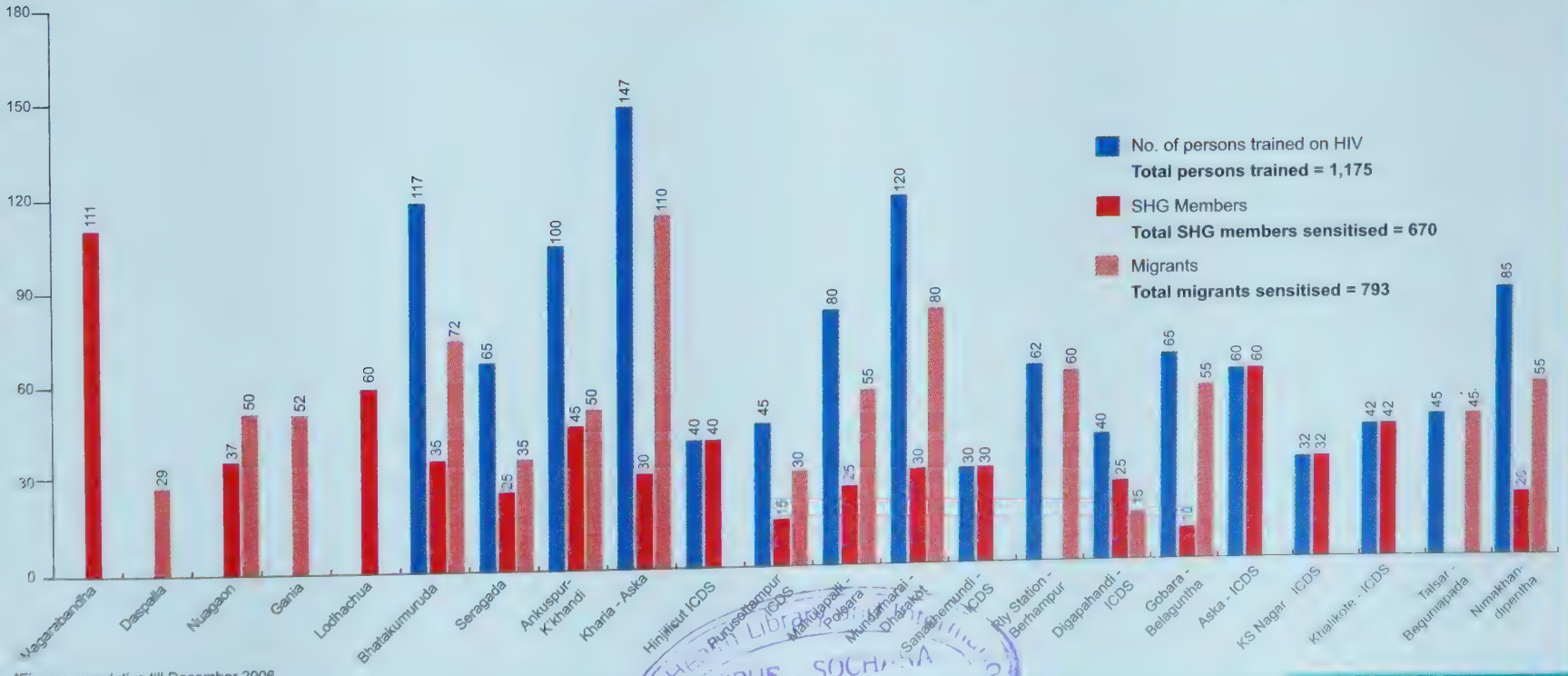
Computer Literacy Session at the Ganjam ICT Centre

The presence of NGOs and CBOs that had previously worked on HIV issues was a bonus. They also helped in the selection of volunteers who would actually run the centres. This last step was crucial as the onus of disseminating information to the migrants ultimately lay with the volunteers. It was preferred that the outreach worker or the volunteers be either Oriya migrants themselves or know the language and be familiar with the idiom and migrant milieu. They would be the face of the project for the migrant/target user.

Regular inspections of the centres are carried out by a district nucleus officer (DNO). To explain with an example, the DNO based in Behrampur town – the district headquarters of Ganjam - is the nodal officer for ICT centres. He is the key person responsible for the phone-in programmes of the centres. All 17 centres in Ganjam have his mobile number and can reach him directly. Initially, a time-table was attempted to be adhered to but since people visit the centres at their convenience, the DNO now ends up receiving calls at all working hours.

The DNO is also responsible for supplying the centres with condoms and medicines such as chloroquine tablets and ORS sachets, which are then distributed among community members. He has to attend the monthly review meeting at the district level, where the activities for the coming 30 days in all the 17 centres are discussed.

HIV Awareness Generation and Safe Mobility in Orissa Districts*



*Figures cumulative till December 2006

Key activities of the ICT centres

First, organising HIV sensitisation and training workshops for migrants and WSHGs; organising workshops too on micro-enterprise whether related to dairy farming, poultry or other such activities. Farmers were invited to workshops where different farming techniques and innovations were outlined. Students formed another target group.

A variety of methods and media were used as communication tools in these training programmes. HIV sensitisation was done through games and magic shows. Information on laws related to migration, labour, domestic and sexual violence and abuse, livelihood options like micro-enterprise and vegetable cultivation was shared through audio-visual presentations and by inviting resource persons from the Krishi Vigyan Kendra.

Of 15 planned HIV sensitisation and training workshops for migrants, till date two formal training programmes have been held in Gania and Dasapalla blocks. For WSHGs and other members of the community, sensitisation has been carried out through informal training programmes. Three training workshops have been held in each block.

Second, maintenance of migrant databases was necessary to know the exact number of migrants and to track their mobility, status and maintain communication with them at the destination point. Efforts were made to help them get identity papers and cards for use at, for instance, ESI facilities. OSACS has agreed to the issuing of identity cards but the process has not started yet.

A migration register is maintained in every centre to monitor the flow of migrant population within the gram panchayat. Initially, there is a door-to-door survey. Following this, migrants are expected to come to the centre to register. Success hinges on the volunteer who goes to do the survey being able to explain to the family members of the migrants or the migrants themselves, if available, the advantages in using the centre.

The members of the family, when they visit the centre, find it useful to contact or access information on the migrant. Migrants who register are meant to be issued an identity card and given a telephone directory. This directory contains information on HIV/AIDS-related and other NGOs working in source and destination points, government and private health facilities in the project areas, tele-counselling centres, blood banks and so on. The directory has been printed and distribution will start soon.

Third, condom and drug distribution was a key parameter, as an increase would indicate greater usage and an attitudinal change in the community. Every centre stocks and distributes ORS sachets, paracetamol, eye drops, antacid tablets, and, of course, condoms.

Fourth, a telephone index with relevant contact details for HIV services and information (for specific locations in Orissa and Gujarat) was developed and distributed. This index contains contact information of ICT centres in Orissa and Gujarat, government hospitals in Surat and Alang in Gujarat, along with information on HIV/AIDS.

Fifth, HIV question boxes have been installed at all centres. In Magarbandha and Nuagaon in Nayagarh district, these boxes are kept in the local school as it is very close to the centre. These boxes encourage adolescent girls and other community members to ask questions on health issues. On every alternate Saturday, the block medical officer spends one to two hours at these centres answering the queries.

These boxes have been placed at the ICT centres as a precursor to e-queries, and the questions are routed to the office of the Chief District Medical Officer/designated nodal officer for replies. Based on the effectiveness of the manual model, an e-query model will be set up, once the majority of the ICT centres have Internet connectivity.

Sixth, the development and distribution of the Migration Information Package (MIP) is a crucial activity. The MIP is available at every centre and is used during training programmes.

Seventh, the centres organise computer literacy programmes (CLPs). These serve a dual purpose. They are an income generating activity for the centre and a possible source of sustenance after the withdrawal of UNDP. They also shape a strategy for creating a critical mass of IT literate persons in communities around the ICT centre. The centres have a partnership with the Indira Gandhi National Open University and offer a three-month course for Rs 500. Four to 14 students are enrolled at the centres.

Eighth, the centres provide a "dial-in-your question" facility, whereby persons from the community can call up the district nucleus medical officer and ask questions on health or HIV at predefined times during the week. Through this dial-up linkage, they are also encouraged to report any instances of stigma and discrimination by government health personnel against HIV infected or affected persons.

Ninth, selection of sites and NGO partners in Surat and Alang (Bhavnagar district) in Gujarat was a vital, carefully-undertaken activity. One Project Associate has been posted in Surat to coordinate and facilitate activities in Gujarat, and is working in close coordination with the Department of Health and Family Welfare, Gujarat and GSACS. The Surat Project Coordination Office, which is responsible for implementing HIV related activities in the city, has been involved in the process of selection of sites and NGO partners. NGO partners have been selected from among those implementing Targeted Interventions for greater convergence.

UNDP personnel and partners were part of a Government of Orissa delegation which travelled to Gujarat at the invitation of GSACS to discuss solutions to problems of information dissemination and service provision for Oriya migrants in Gujarat. It was agreed by the PDs of Gujarat and Orissa that the ICT centres can be used for service linkages with migrants.

Tenth, a four-day workshop for training of trainers on "HIV, Migration and Trafficking" was organised jointly by OSACS and UNDP in Bhubaneswar. Trainers from all the ICT centres in Orissa were trained on using an interactive toolkit with multiple games, so that they could effectively disseminate messages on HIV, STIs and condom use to semi-literate and illiterate groups of migrants/women SHGs/PRIs. Participant feedback was extremely positive. A training toolkit in Oriya would be kept at each ICT centre, for use by trainers.

Eleventh, every ICT centre brings out a monthly e-newsletter, which is sent to the centres at the destination points. These newsletters carry information on the happenings at the centres, like training and awareness programmes on HIV, general health, legal rights or micro-enterprise, participation in local festivals or public functions like Independence Day. They become an important means for the migrant to stay in touch with "home".

Twelfth, economic activities undertaken for ensuring the sustainability of the individual centre sought to make it a user-friendly facility for the local community. Among the services offered are DTP and scanning; Internet browsing; e-parikhya; access to examination results, mainly standard X and standard XII board exam results; loans to SHGs; online railway reservation; development of MIS for local shops and schools; usage of the services of the ICT centre to develop and distribute photo ID cards for anganwadi workers and anganwadi helpers by WCD line departments.

The centre goes to the people

Sarbeswar Madan Mohan Mahapatro is secretary of the management committee at the ICT centre at Bhatakumarada gram panchayat. He is also the representative of the NGO Nirmata, and has a moving story to tell (*see 'It takes a village'*). The centre – it is called the *Gyana o Suchana Kendra* (Knowledge and Information Centre) began functioning in October 2005 and has innovated by beginning to run what it calls "mobile ICT centres". As part of community mobilisation, the computers are taken out of the centre and to the village, among the people. There are used for audio-visual presentations on a variety of issues – HIV of course, but also general health, the Internet, and different farming techniques. About a dozen villages have been covered thus, to resounding success.

Among the other activities of the ICT centre are the following:

- Distribution of drugs/medical aids: The centre stocks and distributes ORS sachets, paracetamol, eye drops, antacid tablets and condoms. At present 20-30 condoms are distributed every month on an average.

- Awareness programmes: These have been organised for 22 SHGs. Initially anganwadi workers are trained on HIV and they, in turn, act as change agents and convince SHGs to attend the training programmes. The child development project officer (CDPO), local doctor, auxiliary nurse cum midwife (ANM), NGO representative and panchayati raj institution members are present.

- An immunisation programme is held twice a month.

- First aid training: In each village, five volunteers are meant to be trained on first aid. This programme has been completed in ten gram panchayats.

It takes a village

In June 2006, a model village was adopted by the ICT centre at Bhatakumarada gram panchayat and a programme called "*Janeli Jiniba – Na Janeli Kineba*" – "Knowledge brings victory, Ignorance buys (HIV)" - launched. There are 350 households in the village, half of them having sent out a migrant. During the awareness programmes, Sarbeswar Mahapatro, secretary of the ICT centre, heard the tragic story of a 14-year-old boy who committed suicide as he feared his family would be ostracised because his migrant father had died of AIDS. The boy's mother had gone to the local PHC but no one had even touched her due to stigma and fear.

Sarbeswar Mahapatro visited the family and introduced himself – inaccurately, but in an effort to boost their confidence – as an HIV carrier. The bereaved mother, Kama Mohanty, spoke of her experiences and hopes. Her husband was a migrant labourer who had come home three years earlier, very ill, suffering from fever and a cough that wouldn't go away. It turned out he was in an advanced stage of AIDS. The PHC referred him to the VCTC, where he was declared as suffering from full-blown AIDS and soon died. After that, one of Kama Mohanty's sons committed suicide and his brother and sister were expelled from school.

When the ICT centre was conducting its awareness programme on HIV, its members came to hear about Kama Mohanty. A meeting was called at the local school, where parents of all the children were invited and Kama Mohanty was asked to light the ceremonial lamp. There was a lot of resistance initially but after fervid interventions by the centre's staff and articulation of the Mohanty family's rights, the children were allowed back into school. Later Kama Mohanty too tested positive for HIV but periodic counselling by the secretary of the ICT centre has given her the confidence to lead a normal life.

- Migration registration: Three gram panchayats, 15 villages and 1,000 migrants have been covered; 720 migrants have been trained on HIV/AIDS, STD, STI, condom demonstration, and use of the computer. Initially, a door-to-door survey is carried out and subsequently the migrants or their family members are expected to come to the centre for more information.

- Referrals to VCTCs: During the surveys and awareness programmes those found unwell are given medicines and referred to the local primary health centre (PHC). If they are not cured even after the medication, depending on the symptoms and patient history, they are referred to the VCTC, where they are tested for HIV/AIDS. Of the 222 cases referred to VCTCs, 45 were found to be HIV positive.

Outside the regular activities, Orissa has seen special initiatives. A one and half month long campaign was rolled out at three major railway entry and exit points during the festival season from Dussehra till Diwali. The camps were at Berhampur, Chattrapur, and Balugaon (Khurda district). Three to four volunteers from NGOs, trained by the TOT, were located at the stations during the arrival and departure of trains to Surat. They sensitised the migrants and others who travelled during that period. At the inauguration, the District Collector, CDMO, PD (OSACS), Special Secretary, Health, and the UNDP team leader were present.

Bhanu takes the lead

The NGO Bhanu was founded in 1996 and works in the fields of HIV/AIDS and disaster management. It is responsible for running the ICT centre in Kharia gram panchayat, Aska block, and is represented on the managing committee by the secretary, Pavitra Goud.

Like others at Bhanu, Goud has a high degree of computer literacy. The centre he manages opened in February 2006 and its main activities include training programmes – around 90 anganwadi workers and SHGs have been trained in three batches, as have 106 migrants in four batches – running a mobile ICT centre in six villages, undertaking an exhaustive, door-to-door migration survey and an awareness programme that had the Bhanu team painting a common wall in the centre of the village with data and information on HIV.

Condom distribution is a big part of Bhanu's work at this centre. About 1,000 sachets of condoms have been distributed till now. Due to awareness programmes the demand for condoms has increased, both in terms of quantity and a search for better quality condoms. This indicates positive behavioural change, mainly among migrants and their families who were once ignorant of safe sexual practices.

The economic activities of the centre are largely computer-driven. They amount to a monthly income of about Rs 8,000, 25-30 per cent of which is profit. The activities range from CLP to DTP and scanning – from wedding invitations to letters – to Internet browsing (Rs 10 per hour, with an average of 10 visitors a day). E-parikhya is a coaching and demonstration class on online recruitment examinations such as those conducted by the Railway Board. The centre charges Rs 200 per course, and this facility is very useful for the young students at the Industrial Training Institute (ITI) near the village.

Next, in Jagannathpur block, the Bhatakumuruda GP ICT centre organised sensitisation workshops for truck drivers on December 1 (World AIDS Day) in both 2005 and 2006. About 100 drivers were sensitised to HIV/AIDS. There is an FCI godown near this village where many trucks come. The drivers stay on for two or three days and this phenomenon is seen as one of the main reasons for increase in HIV incidence. Nearly 100 drivers were sensitised on HIV/AIDS. Similar workshops with different stake-holder groups have been organised at other ICT centres, notably Digapandi, Polsara, Aska, Seraguda and the intervention at the three railway stations.

The women's meeting – which aimed at introducing the community to the ICT centre and the facilities it offered, and also make an audio-visual presentation on what exactly the HIV problem was about – was actually the second event in the short life of the ICT centre. Three days earlier, a workshop had been held for Oriya migrants, to sensitise them to the centre and to the basics of HIV-AIDS. It was attended by about 20 males. "That meeting devolved into a general discussion," Prajapati said, "of migration problems, and of general health awareness. Focusing on HIV was the second phase." As the meeting progressed, the focus gradually shifted from the general to the specific.

Finding the right partner

The Palsana ICT centre differs from its three counterparts in Surat city in many ways. For a start, it is located in Palsana taluka, Surat district, near the town of Vareli, making it a non-urban ICT centre. Located 17 km from the city, just off to National Highway 8 – the busy corridor that connects Delhi to Mumbai – it is managed by the Sanjivini Hospital, set up with contribution from local sugar farmers and Gujaratis settled abroad and a major public health facility in the area.

The Sanjivini Hospital's credibility Palsana and the long-standing presence of its field centre are an obvious advantage for the ICT project in that the partner agency is very well networked with the target community. However, Rohit also makes it clear that when offering HIV-related services, his colleagues – there is an 11-member staff at the field centre; two outreach workers, one male and one female, are there all the time – and he cannot discriminate between Oriya and non-Oriya speakers. Oriya language material and a connection to Ganjam and Nayagarh are only an add-on to the menu of services on offer.

For instance, on December 23, 2006, a video show on HIV and its risks was organised at the ICT centre. While an emphasis was placed on drawing Oriyas, a majority of the 100 people who turned up were non-Oriya migrants, a tribute, in a sense, to the capacity of the Sanjivini Hospital staff to command the attention of the community.

In the first week of the ICT centre's existence, three Oriya-speaking migrants were referred to the main Sanjivini Hospital as suspected STD/HIV cases. Anti-HIV and anti-AIDS messages have been painted on 260 walls of Palsana, in Oriya, Hindi and Gujarati. In preparation for the opening of the ICT centre, outreach workers from Sanjivini met Oriya trade union leaders and teachers of children of Oriya migrants, as well as managers of factories where Oriyas worked. Not surprisingly, Bidyut Kumar Chaudhuri, originally from Ganjam but employed in the dying industry near Palsana, "I'm excited by the medical awareness potential of the ICT centre. After all, it will speak to Oriyas in their own language."

On the ground

About 25 women and children are gathered in a small room adjacent to the Pandesara UHC. The room is a temporary home for the ICT centre, which will soon move to the SMC ward office. A women's workshop – aimed at wives of Oriya workers who have moved to Surat with their families and live in the nearby slum of Siddharth Nagar – is about to begin. Dinesh Prajapati, managing committee member of the ICT, begins a slide show that serves as a primer on HIV/AIDS. Present in the room are Geeta Patel, volunteer-manager of the ICT centre, Jabbar Khan, a local social worker and managing committee member, and Phalguni Rajput who is a field-level worker with Ekta Yuvak Mandal, the partner NGO that is running the ICT centre. "This meeting is being organised with the help of the Siddharth Nagar Mahila Mandal," says Rajput

At the centre, visitors can get condoms, access AIDS primers in the Oriya language, contact via webcam the ICT centre in Orissa closest to the individual migrant's family, and be referred to or taken to the adjoining UHC if the volunteer finds it necessary. The Pandesara UHC, like other UHCs, has two doctors and a counsellor for STI/HIV issues. "The idea," says Bhatia, "is to integrate the ICTs as closely as possible with the regular public health programme."

Achievements

What has the ICT intervention achieved? Consider Nayagarh as a sample. In the year they have been operational, the five ICT centres in the district have registered 975 migrants, including 250 migrants to Gujarat. Yet the real, qualitative achievement lies beyond those cold and lifeless figures. It lies in the way the ICT intervention has actually changed lives on the ground. When the first centres opened, they were met with a variety of responses. Migrants were amused, women groups were intimidated initially, and then intrigued and finally interested, panchayati raj institution members were supportive. NGOs/CBOs and the district and block administrations saw the potential fairly early. Today, on an average, users visit the centres seven or eight times a month.

In Orissa, the achievement graph was shaped by both general trends and standalone achievements in specific centres. When the centres began, migrants were amused, women groups were intimidated initially, and then started showing interest, PRI members were supportive to a large extent, NGOs/CBOs were interested, so were district and block administration.

For instance, in Nayagarh's Lodhachua Block, a migrant, after he got information and was sensitised on HIV, was motivated to get himself tested for AIDS. Along with his wife, he was referred to the VCTC for testing. This shows that the awareness among the migrants on HIV/AIDS has increased and that they are coming forward to get themselves tested.

In Lodhachua again, a trafficking girl-victim got sensitised about HIV and also was rehabilitated by giving training on self employment and micro enterprise.

Though the community has some understanding on HIV/AIDS (through TV and radio) this has increased exponentially after the ICT centre's intervention. Understanding of

The empowerment of Kaushalya

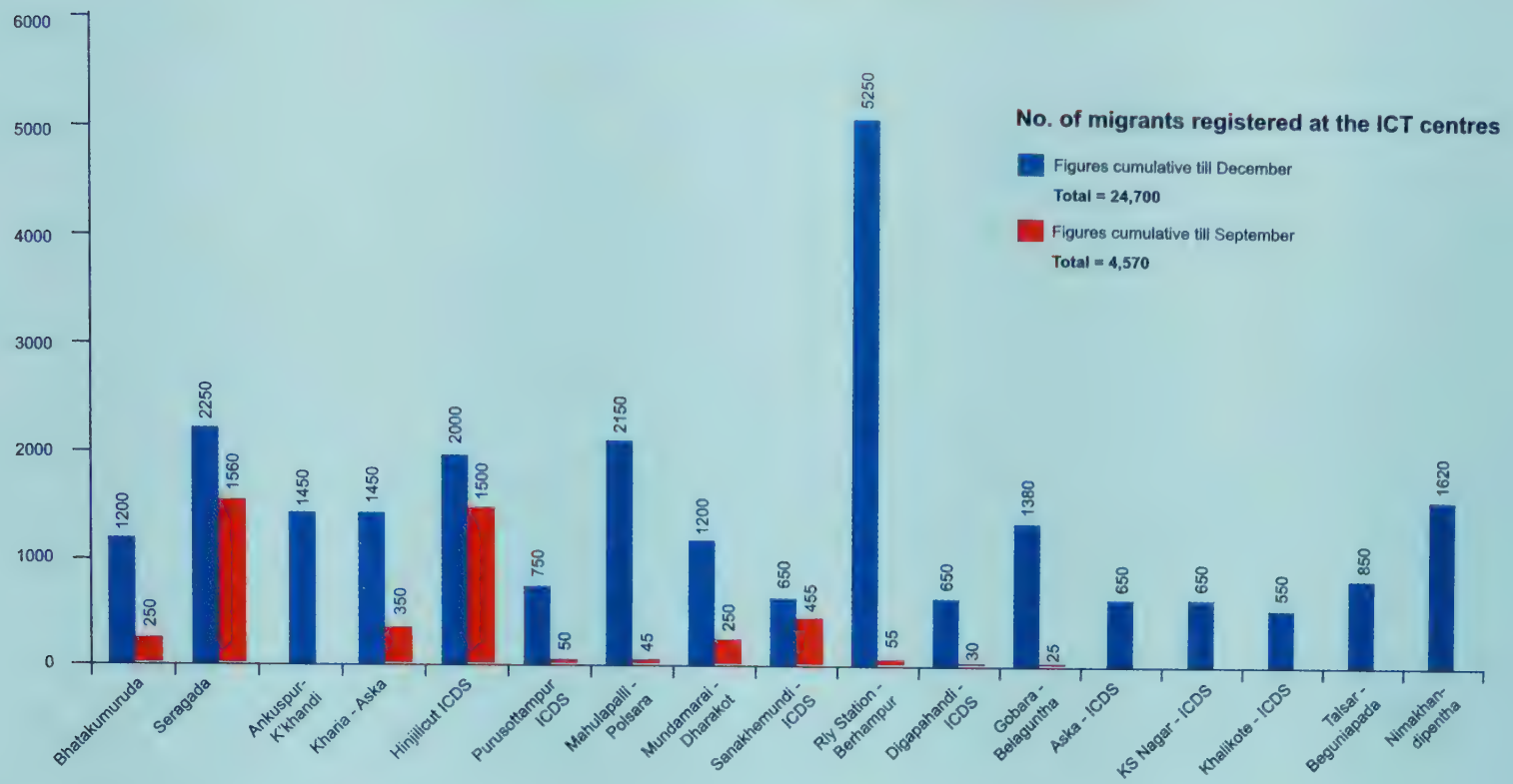
Kaushalya Kumari Pradhan is a member of the Udyogini SHG in Lodhachua gram panchayat. Dairy farming is the main activity for this group of 11 women, with a membership fee of Rs 50 a month. Collectively, they make a profit of about Rs 8,000 per month from the 30 cows on their farm. Realising the market potential for milk products, Udyogini thought of setting up a processing unit. It approached the ICT centre for information and requested it to liaise between the WSHG and the Orissa Milk Federation.

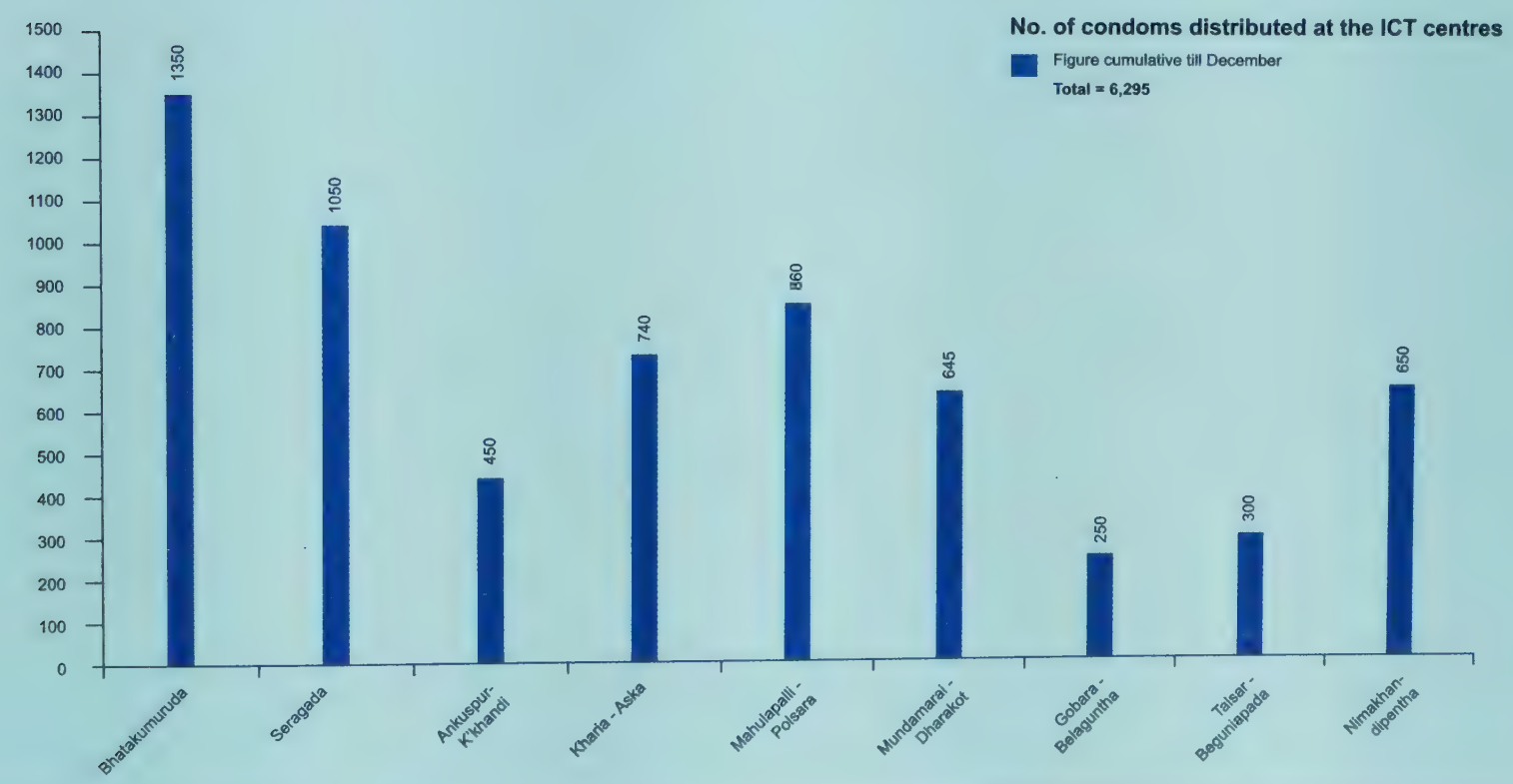
Kaushalya also visits the centre to use the phone there to talk to her brother who works in Mumbai. She finds it cheaper than the local STD booth. Using the good offices of the centre, she has managed to get a widow's pension for her mother, after she was told such a scheme existed. At the ICT centre, she also got to know of the Annapurna Antyodaya Yojana, which provides subsidised rice to the mother of a child less than five years of age. So far, she has bought 35 kg of rice at Rs 3 a kilo. Every Wednesday, the ICT centre becomes an immunisation hub, with the vaccines being provided by the primary health centre. Kaushalya has brought her child to the centre for this purpose as well.

the community on computer literacy was limited before these centres came. But now knowledge of computer and the Internet has increased significantly

At sensitisation workshops, WSHGs got sensitised on various issues, rights and entitlements, ranging from those of health and protection to micro-enterprise and self-employment schemes. As a result more and more women are becoming independent and self sufficient.

Few of the Activities at the ICT Centres





Monitoring and Evaluation

The monitoring and evaluation techniques adopted by the stakeholders to assess the impact of the activities range from analysing the number of migrants being registered at the centres to monthly review meetings at the central managing committee level and also at the district level between the partner NGOs and district government official.

In Nayagarh, for instance, every month there is a review meeting at the district level between the five NGOs, NAG, the District Collector and the funding agency. Also at the block level monthly review meetings are organised between the members of the management committee. In these meetings updates are provided on the activities of the centres, plans and activities for the coming month are discussed and measures to handle the weaknesses/shortcomings of the centres are discussed.

In Ganjam, a monitoring network has been formed and comprises, the partner NGOs, the ADMO and the DNO. The ADMO is the chairperson and the NDO the nodal officer for this network. One among the NGOs is selected as a nodal agency, and currently this is Nirmata Bhatakumuruda GP. Monthly review meetings evaluate the performance of each centre and plan for future activities. After this a monthly progress report is sent to the district collector and UNDP on the functioning of the centres. This network was started in August and four reports have been submitted since then.

Challenges Met and Road Ahead

Given the geographical variations in the locations for the ICT project, the challenges too were of different types. In Nayagarh, for instance, repeated visits were necessary to some areas to convince the community of the benefits of visiting the centres and using their services.

Project personnel sensitised community and block level stakeholders of the project a number of times. However, in some instances, the transfer of the core government stakeholder (DO/DPO) and PRI members would neutralise some of the gains and the sensitisation would have to be done all over again.

Sustainability of the centres is a long-term imperative for which some economic activities have been started like CLPs, DTP work, selling of application forms and so on. Continuation of the centres after the withdrawal of UNDP's support will, therefore, be the principal challenge.

Prevention of female trafficking is also a challenge as the appropriate self-sufficiency and empowerment capacities are lacking in women. Generally young girls are sent to other states like Chhattisgarh and Madhya Pradesh and forcibly married off to strangers there, making them vulnerable to sexual exploitation.

The timing of these centres is from 10.00 am to 5.00 pm, and Sundays are holidays. Because of this the student community is not able to visit the centres as often as it may want to.

The centres in Ganjam at the GP level are functioning very well. Half of them are already self-sufficient and the remaining ones are on the path. The centres at the block level have not been able to pick up steam due to lack of commitment and time from ICDS and other government partners. At a recent review meeting it was decided that these centres too would be partnered by NGOs.

In Gujarat, while the six ICT centres actually became operational only in the last quarter of 2006, the preparatory process took close to six months. Site selection was fairly smooth in this case – the concentration of Oriya workers in a particular slum or neighbourhood in proximity to their places of work made it easy to arrive at options – but choosing the right partner NGO and, in some cases, convincing it to become part of the programme was a significant task. The floods in Surat in August 2006, which put some parts of the city under 20 feet of water, were a big setback and led to the postponement of the ICT project planning, as the municipal authorities and other partners were busy with immediate rescue and public health concerns.

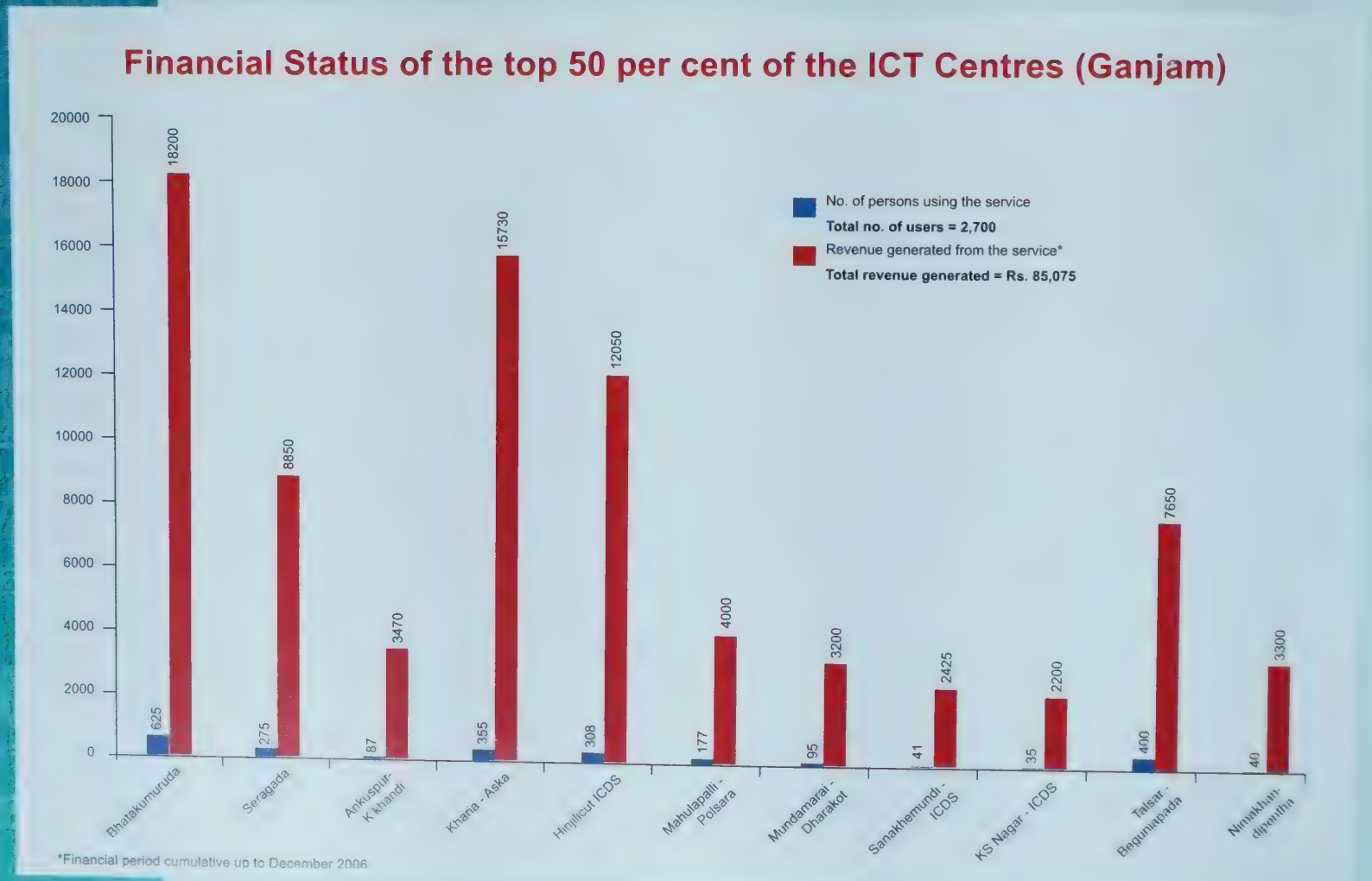
Sustainability

The Project Director, OSACS, Raj Kishore Choudhury, puts it best: "This initiative is very important for migrants and their families as it is providing information and support to the migrants at the destination point, and also providing a means to information on rural livelihood options and other factors that influence development in a region, like education, health, rights-based approaches at source locales." In Ahmedabad, Rajesh Gopal, Additional Project Director, In-charge, GSACS, looks at the project's larger potential: "This is a model for migrants from anywhere. The ICT centre can become a sort of cultural hub that leads to cultural exchange between states."

In the communities too, interest and ownership of the ICT centres and their initiatives is appreciably high. In Orissa, the management committees have representation of PRI members, local opinion leaders, Women and Child Development and Health Department officials (in some cases) and CBOs and NGOs. Hence the ownership vests with the management committees, which are free to run the centres with the income they generate. The ancillary, non-HIV benefits of ICT centres too have also been established, making the community see some centres as educationally vital.

In many places, the community looks to the centre as an information hub and a meeting venue, rather than a centre working for HIV patients. With this understanding they are gaining knowledge of not only HIV but also other health problems, migration laws, human rights, and cottage industries among others.

In Gujarat, there is no direct ownership by the community as such – except in, say, Fulpada ICT centre, where migrant workers living in the Ashok Nagar slum across the road gather every evening for conversation and social interaction with fellow Oriyas – but the use of the Oriya language and the presence of Oriya speaking volunteers and outreach workers is a huge advantage.



The Way Forward

In Orissa, the use of the IT equipment at the ICT centres for computer/online education, for desktop printing work and for Internet browsing has made many of them viable already. OSACS has suggested showing films commercially through VCDs, for instance and conducting evening schools as additional revenue generators. In Gujarat, GSACS officials are confident that it will be possible to convince banks to participate in electronic transfer of money from ICT centres in one state to those in another. If a small fee is charged by the ICT centre for this purpose, it will help it retain its independence and serve the community that much better.

Officials and stakeholders in both Gujarat and Orissa see UNDP's continued support for the project – "For at least the next two years" – as important to help it stand on its feet. "The Surat centres have just started," says an official at the SMC, "it would be unfair to ask them to sustain themselves right away. UNDP would be needed to help them for some more time."

At the base of the ICT project is an inter-state collaboration that recognises the reality of large-scale intra-country migration. OSACS and GSACS have signed an MoU that allows for registration of Oriya migrants at entry and exit points to ascertain migration patterns, and whether these are perpetual or intermittent. The two agencies are sharing Oriya-language IEC material and CDs on HIV, which will be reproduced and distributed to Oriya migrants in Gujarat. Other issues – like medical insurance and providing of ration cards for migrant workers – are at a dialogue stage.

It is clear that the range of services that can be offered at ICT centres in Orissa – and in Gujarat too – can be easily expanded. Demand for more ICT centres in the same districts or in other districts has been expressed by CBOs/NGOs and government authorities alike. The scaling up of this pilot project is perhaps a matter of time.

This obviously leads to a piquant question: if Gujarat and Orissa can do it, why not other states? Ravi Bhatnagar, Chief Programme Officer, Project Support Unit, GSACS, is appreciative of both the project and its possible emulation. "It is a very important measure particularly for single, male migrants," he says, "it can be a model for other states. We have had tentative discussions with AIDS Control Agencies in West Bengal, Rajasthan and Uttar Pradesh and Bihar."

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